



TOWN OF WAKEFIELD PLANNING BOARD

Land Use Department
2 High Street, Sanbornville, NH 03872
Phone: (603)522-6205 Ext. 312
Fax: (603)522-2295

(For Office Use Only)

Date Rec'd: _____ By: _____
Tax Map: _____ Lot: _____

FEES:

Application Fee: \$100

Public Notice: \$125 per submission

Abutters: _____ @ \$* each _____

*per current U.S.P.S.rates

Total received: _____ check# _____

INSIGNIFICANT CHANGE OF USE APPLICATION

A change of use or intensification in use of a building that does not involve any expansion of the building or any improvements to the exterior site shall be insignificant if the Planning Board determines, on the record, that the change meets ALL of the following criteria:

1. It will not have any adverse impacts beyond the boundaries of the site.
2. It will not result in increased parking requirements that cannot be satisfied by the present site.
3. It will not result in any increased nuisance to the neighborhood or abutters.
4. It will not result in increased traffic hazards either on-site or off-site.
5. It will not result in additional drainage beyond the site or adversely affect groundwater resources.
6. It will not increase the sanitary waste loading of the site beyond that which already exists.
7. The present on-site solid waste disposal system can handle any increase in solid waste.
8. The present parking, circulation and loading layout is adequate to accommodate the change.
9. The change or intensification of use can be adequately protected with existing firefighting resources.
10. The present and proposed use of the site is otherwise lawful.
11. It will not adversely impact the traditional New Hampshire architectural character or differ significantly from the appearance of buildings in the area.
12. The type of business or activity will not adversely alter the character of the neighborhood, village, or town.
13. It does not meet the requirements for a major or minor site plan.

An Insignificant Change of Use does not apply to any structure or business that has been closed or not open for business for a period exceeding 24 consecutive months.

Tax Map: _____ Lot(s): _____ Zoning District: _____ Overlay _____

Address _____

Name of Applicant/Agent _____

Address _____

Telephone _____ E-mail _____ Fax _____

Name of Property Owner _____

Address _____

Telephone _____ E-mail _____ Fax _____

Existing Business Info

Business Name: _____

Owner's Name: _____

Owner's Signature: _____

Address: _____

Phone: _____

E-Mail: _____

Proposed Business Info

Business Name: _____

Owner's Name: _____

Owner's Signature: _____

Address: _____

Phone: _____

E-Mail: _____

Describe the Existing Use and Proposed Change: _____

The owner/agent by filing an application hereby gives permission for the Code Enforcement Officer or other Planning Board designee to enter the property which is the subject of the application with twenty-four (24) hours' notice for the purpose of inspection as may be appropriate.

Applicant/Agent Signature: _____ **Date:** _____

Applicant/Agent Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

SIGNATURE PAGE MUST BE ORIGINALLY SIGNED, OR APPLICATION WILL NOT BE PROCESSED.

